



Maine Department of Corrections *Direct Hire Career Opportunity*

Maine State Prison

CORRECTIONAL OFFICER

JOB CLASS CODE: 5207

PAY GRADE: 16 \$13.57 - \$17.63 per hour

Plus \$1.00 per hour direct care, and applicable
night/weekend differentials

BARGAINING UNIT: AFSCME

POSITION TYPE: Permanent, full time

LOCATION: Warren

DESCRIPTION: As a Correctional Officer, your work will involve the custody, security, discipline, treatment, and rehabilitation of persons committed to the Maine State Prison in Warren. This includes monitoring prisoner behavior, directing and overseeing prisoner activities, participating in the development and implementation of treatment strategies, integrating daily activities with treatment goals, enforcing prisoner discipline and writing incident reports.

In order to be successful in this field you will need to have knowledge in areas such as:

- Prisoner motivation and psychology
- Problems associated with institutional life
- Prisoner rehabilitation and treatment programs
- Correctional institution rules, regulations, policies and procedures

As well, you must have the ability to:

- Understand and follow instructions
- Interpret and enforce correctional center rules, regulations, policies, practices and procedures
- Perform strenuous duties such as climbing stairs and/or escorting unruly inmates
- Stand for long periods of time
- Communicate effectively orally and in writing
- Handle critical and stressful situations
- Read and perform basic math functions
- Observe situations and behavior in detail
- Make decisions and act quickly in emergency and dangerous situations
- Model appropriate behavior, attitude, ethics and morals
- Utilize standard desktop computer technology

MINIMUM QUALIFICATIONS: Graduation from high school or equivalent. Have a valid Maine driver's license or be able to obtain one.

CERTIFICATION REQUIREMENTS: Be certified or eligible to become certified as a Correctional Officer in Maine. Training is provided by the Department of Corrections.

TO APPLY: Please email a State of Maine Direct Hire Application and Department of Corrections Supplemental Information to:

Laurie Hayden, Personnel Officer
Email: doc.jobs@maine.gov
Phone: 207-287-4498

NOTE: If you are claiming veteran's preference, please also submit a DD214.

INSURANCES/RETIREMENT:

***Value of State-paid Health Insurance**

Level 1: 100% State Contribution (employee pays nothing): \$363.77 bi-weekly
Level 2: 95% State Contribution (employee pays 5%): \$345.58 biweekly
Level 3: 90% State Contribution (employee pays 10%): \$327.39 biweekly
Level 4: 85% State Contribution (employee pays 15%): \$309.20 biweekly

* The level of the actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium program as of July 1, 2012.

Value of State paid Dental Insurance: \$13.69 bi-weekly

Value of State's share of employee retirement contribution = 17.87% of pay

*Maine State Government is an Equal Opportunity/Affirmative Action Employer
Diverse Candidates Are Encouraged to Apply.*

STATE OF MAINE
DEPARTMENT OF CORRECTIONS

PAUL R. LePAGE
GOVERNOR

JOSEPH PONTE
COMMISSIONER



Dear Applicant,

Thank you for expressing interest in working as a Correctional Officer at the Maine State Prison in Warren, Maine. The primary mission of the Maine State Prison is to protect the public by providing a safe, secure, and humane correctional environment for staff and the incarcerated offender.

We want to make sure that you have an accurate understanding of the duties of a Correctional Officer before you proceed further with the application process. It involves direct supervision of persons convicted of crimes and sentenced to a state correctional facility. You will be working with and directly supervising prisoners in their housing areas, program areas and work arenas; monitoring their behavior, communicating and writing reports for treatment teams, advising prisoners on facility rules, regulations, standards, actions and maintaining order and security as well as participating in the rehabilitative process.

In this package you will find:

- State of Maine Direct Hire Application.
- Supplemental Information – required as part of the application and allows the department to conduct a thorough background check.
- Medical authorization.
- Description of the Physical Aptitude Test which is required of a Correctional Officer.

It is important that all job information you provide is true and accurate without omissions that could impact your suitability for this job. Please make sure that the contact information you provide on this application is up to date.

Should you have any questions, do not hesitate to contact me at doc.jobs@maine.gov or by phone at 207-287-4498.

Laurie Hayden
Personnel Officer



Maine Department of Corrections Supplemental Information

This form **MUST** be completed and submitted as part of your application package. All questions must be answered completely and accurately. Omission or falsification of information discovered at any time during the pre-screening process that would reflect on your honesty or ability to perform the job will result in **immediate termination** of employment consideration. The information you provide in this form will be used in determining your suitability for employment with the Maine Department of Corrections.

| APPLICANT INFORMATION | | |
|-------------------------|------------------------------------|----------------|
| Last Name: | First Name: | Middle Name: |
| Social Security Number: | Driver's License Number and State: | Date of Birth: |
| | | |

THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK, WHICH INCLUDES THE FOLLOWING:

- a. Department of Corrections records
- b. Motor Vehicle driving records
- c. State and Federal Criminal History Record Information

Any criminal conviction and/or juvenile adjudication may disqualify you from consideration for this position. This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OASs committed as an adult and/or as a juvenile.

HAVE YOU EVER BEEN CONVICTED OF A CRIME AS AN ADULT OR ADJUDICATED OF ANY CRIME AS A JUVENILE? This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.

YES ☐ NO ☐ If YES, please explain:

| |
|--|
| |
|--|

APPLICANT CERTIFICATION

I understand the information provided in this form will be utilized solely for the purpose of obtaining a background check as described above. An electronic signature or a photocopy or FAX reproduction of this authorization and release form will be considered valid as an original signature.

| | | |
|-------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
| Signature: | | Date: |

PERSONAL/PROFESSIONAL REFERENCES

List three (3) people who have been acquainted with you for FIVE (5) years or more. Do not include anyone related by blood or marriage. List three (3) employers and/or supervisors who would be able to provide an accurate assessment of your work performance.

| | |
|------------------------|----------------|
| Complete Name: | Daytime Phone: |
| Number of Years Known: | Relationship: |

| | |
|------------------------|----------------|
| Complete Name: | Daytime Phone: |
| Number of Years Known: | Relationship: |

| | |
|------------------------|----------------|
| Complete Name: | Daytime Phone: |
| Number of Years Known: | Relationship: |

| | |
|----------------------|---------------|
| Complete Name: | Company: |
| Years of Employment: | Relationship: |
| Phone: | |

| | |
|----------------------|---------------|
| Complete Name: | Company: |
| Years of Employment: | Relationship: |
| Phone: | |

| | |
|----------------------|---------------|
| Complete Name: | Company: |
| Years of Employment: | Relationship: |
| Phone: | |

MAINE DEPARTMENT OF CORRECTIONS REFERENCES

Is there a current Maine Department of Corrections employee who could provide a reference on your behalf?

YES ☐ NO ☐ If YES, list below:

| First Name, Last Name | # of Years Known | Relationship | Institution Reference Works At | Daytime Phone |
|-----------------------|------------------|--------------|--------------------------------|---------------|
| a. | | | | |
| b. | | | | |
| c. | | | | |

PREVIOUS NAMES/RESIDENCES

Please list all names you have ever used and your residences for the past ten (10) years.

| NAMES | | RESIDENCES (Include complete address & years lived there.) | |
|-------|--|---|--|
| a. | | a. | |
| b. | | b. | |
| c. | | c. | |
| d. | | d. | |
| e. | | e. | |
| f. | | f. | |
| g. | | g. | |

APPLICANT HISTORY

Have you ever applied for any other position with the Maine Department of Corrections?

YES ☐ NO ☐ If YES, Please list:

| Position Applied For | Location-Facility | Date | Results |
|----------------------|-------------------|------|---------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |

CAREER GOALS

1. Why do you want to work as a Correctional Officer for the Maine Department of Corrections?

2. Do you have career goal(s) in the corrections field?

3. Please tell us about any experience you have interacting with residents/prisoners or anyone else which might enhance your performance as a Correctional Officer for the Maine Department of Corrections.

4. Do you know anyone who is a current or former prisoner/juvenile or resident/probationer or has otherwise been in the custody or under the supervision of the Maine Department of Corrections?

YES ☐ NO ☐ If YES, please describe:

5. Would you have any problem dealing with a particular type of offender? YES ☐ NO ☐ IF YES, please describe:

6. Do you have experience with a firearm?

YES ☐ NO ☐

MAINE DEPARTMENT OF CORRECTIONS



MEDICAL AUTHORIZATION FOR PHYSICAL APTITUDE TEST

This person is being considered for a line staff security position with the Department of Corrections. One of the phases of examination for this position is a Physical Aptitude Test. We have enclosed a description of the testing process to aid you in determining if this applicant can safely participate in this strenuous physical exertion.

This is to certify that I have evaluated _____ on
Name of Applicant

this date and he/she is physically fit to undergo the physical aptitude test required as part of the application process for the Maine Department of Corrections.

Signature of Examining Physician and Address

Printed Name of Examining Physician

Date

PHYSICAL APTITUDE TEST
Maine Department of Corrections
Correctional Officer

Justification: Correctional Officers are expected to routinely respond to emergency situations within the facility in an alert and appropriate fashion. In responding to a given situation it may be necessary to carry and operate fire retardant equipment and remove individuals from areas within the physical structure of the facility.

The following test has been devised to test applicants in their ability to follow instructions, alertness, and ability to act quickly in an emergency situation, as well as, their ability to perform various strenuous duties.

Considerations: Ability to follow instructions, coordination, alertness, strength, and dexterity.

Test Area: The test will be administered at the Maine State Prison.

Equipment Required: Applicant is advised to bring a pair of sneakers or soft-soled shoes and to wear loose, casual clothing.

Explanation/Instruction: The applicant will be instructed as to the test route, techniques for dragging the “dummy” and approximate time the test should take. The applicant will be given the opportunity to “walk through” the test route according to the itinerary outlined below.

Simulated Rescue – Description

- Test begins and ends at the Maine State Prison
- The applicant will run .4 miles in four minutes or less. The applicant will start at the STOP sign at the top of the hill at the entrance to the Prison and will run down the hill to Route 97 and return to the starting place. In the case of inclement weather, applicants will run on a treadmill set at 6mph with a 3% incline grade for at least four continuous minutes (a DOC representative will determine if the weather is inclement or not.) If the applicant successfully completes this step, he/she will proceed to the next.
- The applicant will, without stopping, drag a 150lb. “dummy” 34 yards.

The Physical Aptitude Test is complete and is strictly pass or fail.

This test may be modified in certain areas such as specific route, direction, or locking mechanisms, but will contain the same essential requirements of running and strenuous exertion.



State of Maine
(An Equal Opportunity Employer)

Employment Application
(revised February 2011)

Last Name

First Name

M.I.

Social Security
Number

Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense under a different name?

☐ Yes ☐ No If so, what is that name?

Name #1

Name #2

Name #3

Name #4

Mailing Address

Town

State

ZIP Code

Home Phone #

Work Phone #

Email Address

Title of the Job You're Applying For

Job Class Code

Veteran's Preference: See pamphlet "Veteran's Preference in Maine State Service" or go to www.maine.gov/state/jobs/veteran.htm for more information. Provide DD214 and disability forms if applicable.

- ☐ Not Claimed
☐ 5 Points (Requires DD214)
☐ 10 Points (Requires DD214 and VA Statement of Disability)

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the United States?

☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Are you a present or former Maine State employee? ☐ Yes ☐ No

Department

Job Title

Begin Date

End Date

Are you willing to work: ☐ Saturdays ☐ Sundays ☐ Holidays

Do you have a current Maine driver's license? ☐ Yes ☐ No

If yes, what type? ☐ Class A ☐ Class B ☐ Class C

Are you willing to travel on the job? ☐ Yes ☐ No

If yes, are you willing to use your own vehicle? ☐ Yes ☐ No

Are you willing to work overtime? ☐ Yes ☐ No What shifts are you willing to work? ☐ 1st ☐ 2nd ☐ 3rd

ADMINISTRATIVE SKILLS (subject to formal testing and work sampling) WORDS PER MINUTE

Typewriter: _____

Keyboarding: _____

FOREIGN LANGUAGE SKILLS

Language

Speak ☐

Read ☐

Write ☐

Language

Speak ☐

Read ☐

Write ☐

Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time P = Part Time T = Temporary S=Seasonal

| | | F | P | T | S | | | F | P | T | S | | | F | P | T | S |
|----|----------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | All Counties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 | Hancock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42 | Piscataquis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | Androscoggin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 | Bar Harbor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43 | Dover-Foxcroft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Lewiston | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 | Bucksport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44 | Greenville | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Livermore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 | Ellsworth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45 | Sagadahoc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Aroostook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 | Kennebec | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46 | Bath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Ashland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 | Augusta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48 | Somerset | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Caribou | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 | Augusta-RPC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 | Skowhegan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Fort Kent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28 | Waterville | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50 | Waldo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Houlton | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29 | Knox | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51 | Belfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Madawaska | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 | Rockland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52 | Washington | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Presque Isle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31 | Thomaston | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53 | Bucks Harbor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Van Buren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32 | Lincoln | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54 | Calais | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Cumberland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33 | Boothbay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55 | Eastport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Portland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 | Oxford | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56 | Machias | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Brunswick | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 | Norway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57 | York | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | South Portland | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 | Rumford | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58 | Biddeford | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Windham MCC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37 | Penobscot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59 | Kittery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Franklin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38 | Bangor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60 | Saco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Farmington | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39 | Bangor BMHI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61 | Sanford | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Rangeley | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | Charleston | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | 41 | Millinocket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Education

| Last Yr Completed | Name and Location | Sem Hrs | Qtr Hrs | Major | Minor | Yr Of Deg | Degree Type |
|-----------------------|-------------------|---------|---------|-------|-------|-----------|-------------|
| High School | | | | | | | |
| College or University | | | | | | | |
| Grad School | | | | | | | |
| Prof School | | | | | | | |
| Other | | | | | | | |

| Licenses, Certifications and Registrations | | | |
|--|----------------|----------------|-----------------|
| Name of License, Registration or Certification | License Number | State of Issue | Expiration Date |
| | | | |
| | | | |
| | | | |
| | | | |

Important instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

Employer #1

From (mm/dd/yyyy):

To (mm/dd/yyyy):

-

Complete Address and phone number:

Last Weekly Pay \$

Your Title:

Hours/Week:

Number & Titles of Employees You Supervised:

Supervisor's Name & Title:

Duties:

Reason for Leaving:

Employer #2

From (mm/dd/yyyy):

To (mm/dd/yyyy):

-

Complete Address and phone number:

Last Weekly Pay \$

Your Title:

Hours/Week:

Number & Titles of Employees You Supervised:

Supervisor's Name & Title:

Duties:

| | | |
|--|----------------------------|------------------|
| Employer #3 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #4 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #5 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #6 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |

| | | |
|--|----------------------------|------------------|
| Employer #7 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #8 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #9 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |
| Employer #10 | From (mm/dd/yyyy): - | To (mm/dd/yyyy): |
| Complete Address and phone number: | Last Weekly Pay \$ | |
| Your Title: | Hours/Week: | |
| Number & Titles of Employees You Supervised: | Supervisor's Name & Title: | |
| Duties: | | |

The State of Maine conducts background checks.

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: ____

If yes, please list: Offense(s)

Date of Conviction(s)

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources or its assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature _____

Date _____

| Human Resources Use Only | | | | | | | | | | Date Stamp |
|--|----------|------|--|---------|----------------|---|-----------------|--|--|---------------------|
| Review | Initials | Date | <input type="checkbox"/> Closing Date | | | Date Sent: | | | | |
| 1 | | | <input type="checkbox"/> Supplemental Questions | | | Date Due: | | | | |
| 2 | | | <input type="checkbox"/> Qualified | | | <input type="checkbox"/> Not Qualified | | | | |
| 3 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conditionally Qualified | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason | | | | |
| Exam Components | | % | Date | Results | Record | Comments | | | | |
| MERS | | | | | | | | | | |
| T & E | | | | | | | | | | |
| Written | | | | | | | | | | |
| PAT | | | | | | | | | | |
| Oral | | | | | | Convert Score From | | | | |
| Service Rating | | | | | | | | | | |
| 1 Performance | | | | | | | | | | |
| 2 Performance | | | | | | | | | | |
| | | | | | | | | | | Entry control Label |
| AGENCY PERSONNEL USE ONLY | | | | | | | | | | |
| Minimum Qualifications <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | Date | | Rater's Name | | | | |
| Testing Record | | | | Results | | | | | | |
| | | | | | | | | | | |
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| Hired in Classification Title | | | Agency | | Effective Date | | Position Number | | | |
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APPLICANT INFORMATION SURVEY

INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is CONFIDENTIAL. The page will be removed from your application prior to review and destroyed after data compilation.

RACIAL/ETHNIC DEFINITIONS

0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.

2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

6. OTHER

☐ 1. I have read the paragraph above and do not wish to provide the information.

2. Enter your date of birth
(month) (day) (year)

3. Enter your racial/ethnic group code number (refer to definitions at left)

4. What is your sex? A. Female B. Male

DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:

(The requirements are different from State Veterans Preference)
VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

☐ 5. Vietnam Era Veteran

☐ 6. Disabled Veteran

DEFINITION FOR DISABILITY

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)

☐ 7. Have a disability as defined

☐ 8. Interview accommodations may be necessary due to a disability

Filling of Vacancies

CAREER OPPORTUNITY BULLETINS are published by the Bureau of Human Resources to show typical duties, job requirements, geographic location, salary and availability. Bulletins are available at Maine CareerCenters and on the Internet at http://www.maine.gov/state_jobs. Read the bulletin pertaining to each classification before making application, as supplemental information may be required.

SEPARATE APPLICATIONS: A complete application must be submitted for each separate classification title/code.

SUPPLEMENTAL OR ADDITIONAL INFORMATION: Answer questions or supply additional information to meet requirements as stated within the bulletin.

CLOSED CLASSIFICATIONS: Application material received for closed classes or after the closing date will be returned.

VOLUNTEER WORK: Volunteer work is accepted towards meeting minimum entrance requirements and establishing a score through numerical evaluation of training and experience (T & E). Be sure to provide length and hours per week of assignments.

RESUMES: The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

COPIES OF THE APPLICATION: Please retain a copy of your application before it is submitted to the Bureau of Human Resources.

PROOF: With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING: Reference checks will be completed by the hiring agency before selection. The agency may also verify registrations, certifications, licensing, education or training.

HIRING INTERVIEWS: Interviews are conducted by the agency. Please bring a resume and list of references to the interview.

REGISTER: An eligible register contains the names of all persons who have successfully completed all portions of the examination for the particular classification.

UNCLASSIFIED EMPLOYEES: Unclassified employees are treated as non-state employees for selection purposes in the classified service.

PROBATION PERIOD: All employees must complete at least a six-month probation period. This is part of the selection process.